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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/08/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Three months Joint Active System Jas Right Wrist Splint

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified General Surgery

Fellowship: Orthopedic Hand and Upper Extremity Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Physical therapy notes

Operative report

follow up evaluation

Operative report

follow up

Prior reviews

Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained a comminuted and displaced intraarticular distal radial fracture. Patient is status post right ulnar styloid open reduction internal fixation of a non-union. Post-operative follow up states the patient has been improving range of motion and strength in the right upper extremity. Physical examination reveals healing surgical wounds. There is loss of range of motion in the right wrist with 45 degrees dorsiflexion, 35-40 degrees volar flexion, 50 degrees supination, and 60 degrees of pronation. Sensation is improving and the medial nerve distribution is intact. Radiographs performed of the right wrist reveal interval healing of the distal ulnar bone fragments. Patient was recommended to continue working with range of motion and strength. The patient attended physical therapy and the

physical therapy progress note demonstrated some improvements in right wrist range of motion. The patient was able to perform full active flexion of the distal digits of the right hand. Grip strength had improved. The request for a joint active system for the right wrist was denied by utilization review as there was no documentation regarding the continuous use of a JAS wrist splint system and there was no indication from the clinical notes how the system improves the patient's range of motion before and after use. The request for a JAS wrist splint system was again denied by utilization review as there continued to be no objective documentation regarding improvement of the patient's range of motion before and after the use of the wrist system.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The clinical documentation provided for review does not support the request for a three month rental of a joint active JAS right splint system. The patient's clinical notes demonstrate that the patient was making good progress with physical therapy. Although the patient was noted to have utilized a wrist splint system for approximately one month there was no documentation of the patient's range of motion values before and after the use of the system which demonstrates the efficacy of the system as opposed to standard physical therapy and a self-directed home exercise program. Without additional objective evidence to support that the wrist system significantly improved the patient's range of motion over a standard physical therapy and home exercise program medical necessity would not be established and the prior denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES